

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/235,274	FILING DATE 11-05-99					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51	1					
2		1					52		1				
3		1					53		1				
4		1					54		1				
5		1					55		1				
6		1					56		1				
7		2					57		1				
8		2					58		1				
9		1					59		2				
10		1					60		2				
11	1						61		2				
12		1					62		1				
13		1					63		1				
14		1					64	1					
15		1					65		1				
16		1					66		1				
17		2					67		1				
18		2					68		1				
19		1					69		1				
20		1					70		1				
21	1						71		1				
22		1					72		1				
23		1					73		1				
24		1					74		1				
25		2					75		1				
26		2					76		1				
27		1					77		1				
28		1					78		1				
29		1					79						
30		1					80						
31		1					81						
32		1					82						
33	1						83						
34		1					84						
35		1					85						
36	1						86						
37		1					87						
38	1						88						
39		1					89						
40		1					90						
41		1					91						
42		1					92						
43		1					93						
44		1					94						
45		2					95						
46		2					96						
47		2					97						
48		1					98						
49		1					99						
50		2					100						
TOTAL IND.	8						TOTAL IND.						
TOTAL DEP.	83						TOTAL DEP.						
TOTAL CLAIMS	91						TOTAL CLAIMS						